FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

4-24-95 CORPORATION B-12274 C

ANNUAL REPORT

1995

APPROVED AND FILED

95 APR 24 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005382 (4)

1. Corporate Name

JR FASHIONS, INC.

Principal Place of Business

555 EAST 25TH ST.
SUITE 111
HIALEAH FL 33011

Mailing Address

555 EAST 25TH ST.
SUITE 111
HIALEAH FL 33011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # — 22

Suite, Apt. # — 27

City, State — 23

City, State — 28

Zip — 24 County — 25

Zip — 29 County — 30

4. FEI Number: ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, JOSE R
555 EAST 25TH ST.
SUITE 111
HIALEAH FL 33011

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
FERNANDEZ, JOSE R
3901 WEST 18TH AVE. #904-A
HIALEAH FL 33012

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation that I am familiar with the provisions of Chapters 607, 608, 617, and 620, Florida Statutes, and that I am in compliance with the applicable provisions of Florida Statutes. I understand that the filing of this report or supplemental report with a false or inaccurate signature is a violation of Section 817.155, Florida Statutes, and that I may be prosecuted for such violation.

SIGNATURE: President 3-14-95

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0003156 CP